

## **APPENDIX B**

### **Sample Voluntary Testing Agreement**

I (name of employee)\_\_\_\_\_ hereby volunteer for unannounced random drug testing. I do so to demonstrate my commitment to the USACE goal of a drug-free workplace and to set an example for others. I understand that I will be subject to the same consequences for a finding of illegal drugs as an employee who occupies a Testing Designated Position (TDP). I further understand that I may withdraw from participation in voluntary testing at anytime by submitting a written request to my supervisor.

---

Employee's Signature

Date

### **PRIVACY ACT STATEMENT**

Collection of this information is authorized under Executive Order 12564, "Drug-Free Federal Workplace." The information will be used to document your wish to participate in voluntary drug testing. Your name will be included in a testing pool from which names of volunteers will be randomly selected for unannounced drug testing. Completion of this form is voluntary; however, if you do not sign it, you will not be included in voluntary drug testing. IAW EO 12564 and 5 U.S.C. 7301, test results may only be disclosed to agency officials on a need-to-know basis. This may include the agency Medical Review Officer, the administrator of the Employee Assistance Program, and a supervisor with authority to take adverse personnel action. This information may also be disclosed to a court or the Department of Justice where necessary to defend against a challenge to an adverse personnel action.